

BRITISH CARDIAC SOCIETY NEWSLETTER

Academic meetings

The Society has had its first academic meeting in Fitzroy Square. As readers will know, a teach-in on molecular biology—arranged by Professor David Weatherall—took place on 31 March. We were privileged to have such an auspicious start to a series that we anticipate will become a feature of the Society. Most of those who attended have taken the trouble to write letters of appreciation—an unusual accolade from busy cardiologists. The demand for places was, however, somewhat less than we had anticipated and all who applied were accommodated within our limited space. Many who had wanted to attend were unable to do so because of clinical commitments, and also (we were told) because of contractual obligations. Will consultants' contracts become another powerful hindrance to the maintenance of standards of excellence? We hope not, but we are fearful. Perhaps we should abandon our "members only" rule for teach-ins and for the (forthcoming) workshops to allow more junior trainees to share the benefits. Were this to be the case would members be happy to subsidise the travel arrangements and provide excellent free lunches which are benefits offered at present? Stricter budgetary constraints may well be appropriate whilst maintaining a measure of support. We suggest a compromise with a policy of "members first" for bookings, but with uncommitted places open to non-members a few weeks before the event. The next meeting we have planned should arouse great interest. Michael Davies will arrange a teach-in with the title "New Concepts in the Pathogenesis of Atherosclerosis". The date will be Tuesday 10 November. No-one can claim to be familiar with the new concepts, because by November more progress will surely be known to the cognoscenti in an area that moves with breathtaking speed. You can book now (if you are a member) . . .

Society staff

The Society is becoming ever more busy. Apart from Council we have 7 active committees, 5 affiliated groups which are likely to make increasing use of the facilities at Fitzroy Square, currently 2 working parties, large databases at the University of Sussex, and active involvement in many areas including an increasing liaison with the media. To manage these disparate interests we have a small dedicated staff comprising only an executive officer, an assistant administrator and book keeper, a part time secretary, and a part time graduate assistant for database entry and management. If the Society is to be efficient in all these areas we need more staff and this policy is being pursued. We hope to recruit a new senior administrator who will work with our executive officer and oversee the full range of our operations. We need another full time secretary, perhaps shared with one of the other new occupants of our

house. More will be written on this when plans have been approved or modified by Council.

Society officers and council

Some important changes are already well known. The Society has elected John Parker as President Elect, and we look forward to the first Surgical President in less than a year from now. The field was strong and voting understandably close, but all will be pleased that conspicuous service to the Society over many years has been recognised. John Cleland—the new Assistant Secretary—takes on a burden which will become ever greater with the increasing activities of the Society. Roger Boyle adds to the strength of District General Hospital cardiologists on Council. Many will see this as correcting an imbalance that has caused some comment in recent times.

Affiliated Groups

Changes have also occurred in Affiliated Groups. Huon Gray has taken over from Peter Hubner as Secretary of the British Cardiovascular Intervention Society. To his predecessor, Peter Hubner, goes much credit for the notable influence of BCIS in our specialty. In particular, Peter worked with exemplary patience and determination in the collection of data on cardiac interventions from 1988 onwards. This is not an easy task but audit is important to all, not least to the cardiologists who have chosen to work in an area for which guidelines are yet not fully agreed. We omitted to mention that the President of the British Nuclear Cardiology Group changed in January; it is now Steve Walton. The post rotates each year, and in future we will try to keep up to date.

Working Party: DGH cardiology

The Working Party on Cardiology in the District General Hospital, chaired by Andrew McLeod, has now been completed and will start work soon. The members are: Mahendra Varma, Roger Boyle, Ian Findlay, George Green, Jane Flint, Michael Martin, John Sanderson, Richard Wray, Nick Brooks (representing cardiac centres), and Robin Sadler (representing general practice). Any members with suggestions for topics that should be addressed may wish to contact one of the members of the working party. This can be done either directly or—if members find it easier—through the Society Office. Those who are interesting in making suggestions may find it helpful to look at the previous report that was published in the British Heart Journal in November 1987 (58:537).

Electrophysiology

We have concerns about the future of electrophysiology in the United Kingdom. Our anxiety has been expressed in a letter addressed to Duncan Nichol at the Department of Health, signed by Brian Pentecost representing the Cardiology Committee of the Royal College of Physicians, by Richard Sutton for the British Pacing and Electrophysiology Group, and by one of us for the Society. It addressed the present lack of strategic planning for the development of major clinical services. Previously, new needs could be discussed with regional health authorities. This was not always satisfactory for a national perspective, but initiatives relating to supra-regional services complemented the usual planning arrangements. In the current climate some regions believe that all new developments should be discussed with

potential purchasers, but this is not an appropriate way to develop a service that needs national coordination for a sensible distribution of units with adequate funding and appropriately trained staff. The combination of great need, the potential for effective and often curative treatment, and the necessity for both highly specialised skill and dedicated facilities make a powerful case for a new method of strategic planning, and within a priority suggested in *Health of the Nation*. We need a programme of capital investment in the existing major electrophysiology units to increase their scope and efficiency, coupled with a planned development of new units phased over several years with the ultimate aim of one centre in each region.

Busy cardiologists

A health district without a trained cardiologist is unlikely to provide a reasonably comprehensive service appropriate to the 1990s. But the deprivation may not be apparent to general practitioners or to patients who are not fully aware of the potential benefits of modern cardiology. The situation is different in districts that do have a cardiologist, but a workload that is unmanageable. The need is recognised but cannot readily be met. This is likely to be the uncomfortable situation in large districts with only one physician trained in the specialty, especially as he or she is likely to have general medical commitments as well. We have conducted a survey of cardiologists who have single handed responsibility for districts with a population of more than 250,000. We hope this will provide useful ammunition in our struggle to achieve adequate staffing levels. A total of 45 of our colleagues are in this situation. Unfortunately some have been so busy that they have not yet completed their questionnaires, but they will forgive us for pursuing them. It is an excellent cause.

Senior registrars absent for GIM training

Some of our cardiac centres find major difficulties in adhering to the current guidelines of the Specialist Advisory Committee that one year of senior registrar training must be in general internal medicine. They are left without a valuable member of the service team and the service can suffer greatly. The pretence that senior registrars are supernumerary for training alone is unrealistic, unworkable, and even undesirable. The centres often face the problem that no locums are available with suitable training. For some there may be a solution that could be considered, though funding has to be available. One of us has recently spent four fascinating weeks in South Africa. In Capetown (Groote Schuur Hospital) there are a number of excellent and well trained senior registrars some of whom would be glad of an opportunity to spend time in Europe. There will be others in different universities and, perhaps, not only in South Africa. Would it be useful for the British Cardiac Society to help arrange such placements where the excellence of overseas trainees can be guaranteed by trusted contacts? Please write if you have views.

New resuscitation guidelines

We had insufficient space in the May Newsletter to mention the meeting of the American Heart Association for new guidelines in resuscitation. This took place in Dallas in March. Your President was an invited speaker and co-chairman of a session on

International cooperation. Cooperation is of special importance now that we have a European Resuscitation Council. By chance on this occasion, but perhaps by design in future, both the new American and the new European guidelines will be announced almost simultaneously (November 1992) respectively in JAMA and at Resuscitation '92 which is the ERC meeting to be held in Brighton on 20 and 21 November. Delegate registration packages are available from the Society.

Other meetings

We have a number of other meetings to draw to your attention. First, the "3èmes Journées Européennes de la Société Française de Cardiologie" that will take place in Paris on 14-16 January 1993. We have attended this meeting and been impressed by the determination to make it European. Simultaneous translation is available, for example, in the main auditorium. The deadline for the submission of abstracts is 15 July. We can provide abstract forms and additional information. We have also been asked to draw to your attention the Congreso Iberoamericano de Cardiología, to be held in La Rabida (Huelva, Spain) on 6-10 October. Abstracts may be needed by mid June. We can provide more information.

Prevention in medical education

John Goodwin has written as Chairman of the National Forum for Coronary Heart Disease Prevention: "A new report entitled 'Coronary Heart Disease Prevention in Undergraduate Medical Education' has recently been published by the National Forum for Coronary Heart Disease Prevention, in association with the British Heart Foundation. The report follows a meeting attended by delegates from cardiology, public health and general practice, from medical schools throughout the United Kingdom. It was chaired by Desmond Julian and the President of the British Cardiac Society. A survey of medical schools revealed wide variations in the commitment and time devoted to teaching students about prevention issues. One third of respondents from departments of

medicine, including cardiology, indicated that examination questions on the prevention of coronary heart disease were never set. The majority of respondents, however, saw a need for change. The report points to considerable scope for improvement, provided an integrated approach is coordinated throughout training. It recommends that teaching on prevention should be part of clinical cardiology teaching. The whole hospital and medical school environment should support prevention. A research officer, funded by the British Heart Foundation, has recently been appointed by the National Forum to work with medical schools to develop guidelines and resources to improve teaching. The report has been sent to all United Kingdom medical schools and to the General Medical Council. Further copies are available from the National Forum for Coronary Heart Disease Prevention, Hamilton House, Mabledon Place, London WC1H 9TX (£5)."

Proposed British Association of Cardiac Rehabilitation

Hugh Bethall has also written to us: "The provision of cardiac rehabilitation in the United Kingdom has grown enormously over the past 10 years. This growth has been haphazard depending upon local enthusiasts with little overall planning or guidance. Recently a great boost to rehabilitation has been provided by a funding initiative from the British Heart Foundation and the Chest Heart and Stroke Association. There is now a need for an organisation to provide a forum for the professionals of many disciplines who are involved in cardiac rehabilitation. The inaugural meeting of the British Association of Cardiac Rehabilitation will be held at St Catherine's College, Oxford, on Saturday 26 September. Topics to be discussed will be education for rehabilitators, fund-raising, liaison with other national rehabilitation organisations, and the functions and structure of the new Association. The proposed Association will be multi-disciplinary. Several members of the British Cardiac Society are on the steering committee, and it is hoped that cardiologists will be well

represented at this meeting. Application forms can be obtained from: Action Heart, Wellesley House, 117 Wellington Road, Dudley, West Midlands DY1 1UB."

News of colleagues

We propose to provide a paragraph on news of colleagues. In future this will include announcements of appointments and retirements. But we end this newsletter on a sad note by recording the death of James Fleming who went to Sheffield from Barts a little over 20 years ago.

DOUGLAS CHAMBERLAIN
President, British Cardiac Society
DUNCAN DYMOND
Secretary, British Cardiac Society
9 Fitzroy Square,
London W1P 5AH

NOTICE

Third European Meeting of the French Society of Cardiology

Palais des Congrès, Paris, France, 14-16 January, 1993.

Information and call for abstracts:
S.C.F.

15, rue de Madrid
75008 PARIS, France
Phone: 33 1/43 87 95 14
Fax: 33 1/43 87 17 14

Registration:

Albine Conseil
16 boulevard du Parc
92200 NEUILLY/SEINE, France
Phone: 33 1/47 47 57 37
Fax: 33 1/46 40 70 36

Deadline for abstract submission:
15 July, 1992.